

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33445**

BIRTH NO. <u>59585-49</u>		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>128</u>			
1. PLACE OF DEATH a. COUNTY <u>James of Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Bemiss</u>	
b. CITY OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>D</u>		c. CITY OR TOWN <u>Steele</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Presnal Hosp.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>9-4-49</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Miller</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>7-28-49</u>		9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Steele Mo U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>J.T. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Egan</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>J.T. Miller</u>				ADDRESS <u>Steele Mo Rt 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastroenteritis - severe</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>5710</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>9-4</u> , 19 <u>49</u> , to <u>9-4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-4</u> , 19 <u>49</u> , and that death occurred at <u>10:05 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J.C. Wilson</u>				23b. ADDRESS <u>M.O. Kennett</u>				23c. DATE SIGNED <u>10-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>			
DATE REC'D BY LOCAL REG. <u>10-21-1949</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>90 Herman Funeral Home</u>		ADDRESS <u>Steele Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

RECEIVED OCT 24 1949
District Health Office No. 2,
District File Number 1049-1045-
Date Filled _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4355

P. O. Address Hayti, N.Y.

Signed _____
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.